

**OHA - Drinking Water Program - Turbidity Monitoring Report Form County:COOS  
Conventional or Direct Filtration**

**System Name: MYRTLE POINT, CITY OF ID:OR4100551 WTP:-WTP-A Month/Year: December 2023**

DAY	12 AM [NTU]	4 AM [NTU]	8 AM [NTU]	NOON [NTU]	4 PM [NTU]	8 PM [NTU]	Highest Reading of the Day <sup>1</sup> [NTU]
1	----	----	----	0.03	0.03	----	0.03
2	----	----	----	----	----	----	----
3	----	----	----	----	----	----	----
4	----	----	0.03	0.03	0.03	----	0.03
5	----	----	0.03	----	----	----	0.03
6	----	----	0.06	0.03	0.02	0.02	0.06
7	----	----	0.02	0.02	0.02	----	0.02
8	----	----	----	0.03	0.02	----	0.03
9	----	----	0.03	0.02	----	----	0.03
10	----	----	----	----	----	----	----
11	----	----	0.02	0.02	0.02	----	0.02
12	----	----	0.03	0.02	0.05	----	0.05
13	----	----	0.03	0.03	0.03	----	0.03
14	----	----	0.02	0.02	0.02	----	0.02
15	----	----	0.02	0.02	0.02	----	0.02
16	----	----	----	----	----	----	----
17	----	----	----	----	----	----	----
18	----	----	----	0.03	0.02	----	0.03
19	----	----	0.02	0.02	0.02	----	0.02
20	----	----	0.02	0.02	0.02	----	0.02
21	----	----	0.02	0.02	0.02	----	0.02
22	----	----	0.02	0.02	0.02	----	0.02
23	----	----	----	----	----	----	----
24	----	----	0.03	0.04	----	----	0.04
25	----	----	----	----	----	----	----
26	----	----	----	0.02	0.02	----	0.02
27	----	----	0.02	0.02	0.02	----	0.02
28	----	----	0.02	0.02	0.02	----	0.02
29	----	----	0.02	0.02	0.02	----	0.02
30	----	----	----	----	----	----	----
31	----	----	0.02	0.02	----	----	0.02

<b>Conventional or Direct Filtration</b>		<b>Monthly Summary (Answer Yes or No)</b>	
95% of the 4 hour turbidity readings ≤ 0.3 NTU?	Yes/No <input checked="" type="radio"/> Yes / <input type="radio"/> No	CT's met everyday? (see back)	All Cl <sub>2</sub> residual at entry point ≥ 0.2 mg/l?
All the 4 hour turbidity readings ≤ 1 NTU?	Yes/No <input checked="" type="radio"/> Yes / <input type="radio"/> No	<input checked="" type="radio"/> Yes / <input type="radio"/> No	<input checked="" type="radio"/> Yes / <input type="radio"/> No
All turbidity readings < IFE <sup>2</sup> triggers?	Yes/No <sup>2</sup> <input checked="" type="radio"/> Yes / <input type="radio"/> No	<b>Notes:</b>	
		PRINTED NAME: <i>Bryan A. Sherman</i>	DATE: January 2, 2024
		SIGNATURE: <i>Bryan A. Sherman</i>	CERT #: 7184
		PHONE #: (541) 572-2589	

<sup>1</sup> Including continuous data, if applicable, for optimizing recording purposes. Compliance values in columns "12 AM" through "8 PM" may not correspond to continuous readings' maximum.

<sup>2</sup> IFE=Individual Filter Effluent (OAR 333-061-0040(1)(e)(B&C))

## OHA - Drinking Water Program - Surface Water Quality Data Form

MYRTLE POINT, CITY OF ID #: OR4100551 WTP-: WTP-A Month/Year: December 2023

Required Log Inactivation: 1

Date / Time	Min. Cl <sub>2</sub> Residual At 1 <sup>st</sup> User (C) <sup>3</sup>	Contact Time ( T )	Actual CT	Temp	pH	Required CT	CT Met? <sup>3</sup>	Peak Hourly Demand Flow
	[ppm or mg/l]	[minutes]	C x T	[° C]	S.U.	Formula	Yes / No	[GPM]
1 / 11 AM	1.2	105	122	7.8	8.2	70	Yes	850
2 / 11 AM	----	----	----	----	----	----	----	----
3 / 11 AM	----	----	----	----	----	----	----	----
4 / 11 AM	1.1	105	119	8.3	8.2	66	Yes	850
5 / 11 AM	1.1	105	116	11.1	8.2	55	Yes	850
6 / 11 AM	1.0	105	108	10.0	8.2	60	Yes	850
7 / 11 AM	1.1	105	114	8.3	8.0	62	Yes	850
8 / 11 AM	1.2	105	122	8.3	8.1	64	Yes	850
9 / 11 AM	1.2	105	126	7.8	8.1	68	Yes	850
10 / 11 AM	----	----	----	----	----	----	----	----
11 / 11 AM	1.2	105	123	8.3	8.3	71	Yes	850
12 / 11 AM	1.1	105	116	8.9	8.4	68	Yes	850
13 / 11 AM	1.1	105	117	10.0	8.4	63	Yes	850
14 / 11 AM	1.1	105	116	10.6	8.3	59	Yes	850
15 / 11 AM	1.1	105	116	10.6	8.6	66	Yes	850
16 / 11 AM	----	----	----	----	----	----	----	----
17 / 11 AM	----	----	----	----	----	----	----	----
18 / 11 AM	1.1	105	119	10.6	8.2	57	Yes	850
19 / 11 AM	1.2	105	126	10.6	8.4	62	Yes	850
20 / 11 AM	1.3	105	139	10.0	8.3	63	Yes	850
21 / 11 AM	1.4	105	146	10.6	8.4	63	Yes	850
22 / 11 AM	1.5	105	158	10.6	8.4	65	Yes	850
23 / 11 AM	----	----	----	----	----	----	----	----
24 / 11 AM	1.4	105	143	10.0	8.3	64	Yes	850
25 / 11 AM	----	----	----	----	----	----	----	----
26 / 11 AM	1.3	105	135	10.0	8.4	66	Yes	850
27 / 11 AM	1.4	105	143	10.0	8.8	77	Yes	850
28 / 11 AM	1.5	105	161	9.4	8.7	79	Yes	850
29 / 11 AM	1.5	105	154	9.4	8.7	77	Yes	850
30 / 11 AM	----	----	----	----	----	----	----	----
31 / 11 AM	1.5	105	159	9.4	8.7	78	Yes	850

<sup>3</sup> If Cl<sub>2</sub> at entry point < 0.2 mg/l, OR CT not met, notify DWP by end of next business day.

Revised February 2012